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**CONFIDENTIAL**  
**ACCOMMODATION REQUEST FORM**

**If you need help in completing this form, please contact the Disability Resource Center.**

**Section A: Customer Information**

Name of the customer who will receive services:	Operating administration:	Date:
Federal employee? (Y / N)	Position/Title:	Series and grade:
Office mailing address (no post office boxes please) Room number/routing symbol:		
Street address:		
City:	State:	Zip:
Phone (Voice):	Phone (TTY):	Fax:
E-mail:		
Supervisor's name (for job accommodation requests):		Phone number:
Name of person completing form (if different than the customer):		Phone number:  Relationship to customer:

<b>Disability Information (Check all that apply to the request for service):</b>		
<input type="checkbox"/> Visual <input type="checkbox"/> Auditory <input type="checkbox"/> Speech <input type="checkbox"/> Learning	<input type="checkbox"/> Cognitive/Developmental <input type="checkbox"/> Dexterity <input type="checkbox"/> Mobility <input type="checkbox"/> Psychiatric	<input type="checkbox"/> Hidden disability <input type="checkbox"/> Temporary <input type="checkbox"/> Other:

<b>The Services are for:</b>		
<input type="checkbox"/> Myself <input type="checkbox"/> Visitor on official business	<input type="checkbox"/> My employee <input type="checkbox"/> Job applicant	<input type="checkbox"/> My organization <input type="checkbox"/> Other:

<b>Is this a Worker's Compensation Claim?</b>	
<input type="checkbox"/> Yes    Claim number:	
<input type="checkbox"/> No	

## Section B: Job Accommodation Information

**Briefly explain the primary limitations that you are experiencing in performing your job.**

**What accommodation(s) are you requesting?**

(If you have a particular accommodation in mind, please describe it and include specific information such as the brand or model name.)

☐ ☐ **Sign language interpreter services** (please complete an interpreter request form)

☐ ☐ **Computer modification** (adaptive keyboard, alternative mouse, voice input, screen reader, screen magnifier, Braille display, etc.)

☐ ☐ **Communication technologies** (TTY, PC TTY, telephone amplifier, signaling devices, assistive listening device, telephone headset, etc.)

☐ ☐ **Workspace modifications** (non-structural changes to furniture or storage)

☐ ☐ **Services** (readers, note takers, personal assistance services)

☐ ☐ **Media in alternative formats** (Braille, large print, ASCII, audio, captioning)

☐ ☐ **Other:** \_\_\_\_\_

☐ ☐ **Not sure what I need**

**Have you discussed this request with your supervisor?**

☐ ☐ Yes

☐ ☐ No

**Do you currently use accommodations or assistive technologies?**

☐ ☐ Yes If yes, please describe:

☐ ☐ No

**What's Next?**

Thank you for taking time to complete this form. The DRC Team Leader will review your information and your request will be assigned to a Disability Program Analyst who will contact you promptly. The analyst will discuss some or all of the following information with you prior to providing a reasonable accommodation.

? ? What are your job functions (refer to your position description if necessary)?

? ? How will the accommodation help you on your job?

? ? What is the setting in which the accommodation will be used?

? ? Medical documentation might be required.

Feel free to contact us if you have any questions.

**Reasonable accommodations create equal opportunities in the workplace.**